



MASSACHUSETTS DEPARTMENT OF REVENUE  
CHILD SUPPORT ENFORCEMENT DIVISION

MODIFICATION PACKAGE  
FOR PARENTS WHO WANT TO ASK FOR A CHANGE IN THE AMOUNT OF  
THEIR CHILD SUPPORT ORDERS

Dear Parent:

Attached please find a package of materials to assist you in asking the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) to assist you in asking the court to change the amount of your child support order.

If you have your own attorney, your attorney can assist you in completing these forms. If you do not have an attorney and want to ask the court to change the amount of your child support order, you must complete the attached Complaint for Modification **using black ink**. A sample Complaint for Modification that tells you what information you will need to provide is also attached. The numbers in the chart below match the line numbers indicated on the *sample* Complaint for Modification. **Please print.**

Line Number	What to Write on the Complaint for Modification <i>(Remember to print in black ink)</i>
1	The county of the Court that issued your existing court order (child support order).
2	The docket number for your court case. (This number appears after the words “Docket Number” or “Docket No.” in the upper-right hand corner of copies of prior court orders and judgments in your case.)
3	Your first and last name. (You are the <b>plaintiff</b> .)
4	The other parent’s first and last name. (The other parent is the <b>defendant</b> .)
5	Your first and last name.
6	The street address, city/town, and county where you live.
7	The other parent’s first and last name.
8	The street address, city/town, and county where the other parent lives (if you know it).
9	The date the court entered the existing court order (child support order) you want to change.
10	The docket number of the existing court order (child support order) you want to change (probably the same as #2 above).
11	The first and last name of the parent who was ordered to pay child support.
12	The amount of the existing court order (child support order) you want to change.
13	The frequency of the existing court order (child support order) you want to change ( <u>e.g.</u> , weekly, monthly).

Line Number	<p align="center"><b>What to Write on the Complaint for Modification</b></p> <p align="center"><i>(Remember to print in black ink)</i></p>
14	<p>The reason that you want to change the existing court order (child support order). Choose <b>one</b> of the following reasons and <b>copy it exactly</b> in the space provided:</p> <ul style="list-style-type: none"> <li>• The noncustodial parent's income and ability to pay has substantially increased;</li> <li>• I no longer provide health care coverage for the child(ren) and I want the noncustodial parent to provide health care coverage for the child(ren);</li> <li>• My income and ability to pay child support has substantially decreased;</li> <li>• I receive public assistance benefits from the Department of Transitional Assistance (e.g. TAFDC, EAEDC) or Social Security Income benefits and have no other source of income;</li> <li>• I receive Social Security Disability Insurance (SSDI) and have no other source of income;</li> <li>• I now have custody of the child(ren) for whom I was ordered to pay support;</li> <li>• I obtained health care coverage for the child(ren) as ordered by the court;</li> <li>• I am incarcerated, I have no income or assets, and my expected date of release is _____; or</li> <li>• I have been called up to active military duty with the U.S. Armed Forces and my income and ability to pay have substantially decreased. (Attached to and incorporated in this complaint is a copy of my orders to report for duty.)</li> </ul>
15	The date the court entered the existing court order (child support order) you want to change (the same as #9 above).
16	The docket number of the existing court order (child support order) you want to change (the same as #10 above).
17	The date you sign this Complaint for Modification.
18	Sign your name.
19	Your first and last name.
20	Your mailing address. (If you have a P.O. Box, you must write both your P.O. Box and your street address.)
21	Your city/town, state, and ZIP Code.
22	Your telephone number.

After you complete and sign the Complaint for Modification, please return it to us at the address below. You must also enclose, with your completed Complaint for Modification, some documentation that verifies the information you included in line 14 – the reason you want to change the amount of your child support order. Examples of the type of documentation you should enclose include:

- Your military orders to report for duty;
- Your paystubs;
- A letter verifying receipt of public assistance benefits;
- A court order giving you custody of the children; and
- Verification that you are providing medical insurance coverage.

Once we receive the completed Complaint for Modification and verify your information, we will file the Complaint for Modification with the court and arrange to have the other parent served with a copy (provided with legal notice). DOR will notify you and the other parent of the date and time of the court hearing. **You must appear at court for the hearing and you must be on time. If you do not come to court for the hearing, the court may refuse to make any change in your child support order.**

A DOR staff member will be at the court hearing, but he or she will be there only to provide the court with the information we have (for example, financial information about you and the other parent). **DOR cannot provide you or the other parent with legal representation. Our attorneys represent DOR; they do not represent you or the other parent.** You might want to hire an attorney to represent you. If you do not know an attorney, you may contact the Massachusetts Bar Association at (617) 338-0500 or 1-800-392-6164 for a referral.

**It is important for you to know that if you decide to take the case back to court, your address will be disclosed. If you have concerns for your safety if your address is disclosed or if you have any other safety concerns related to the other parent, please call our Customer Service Bureau immediately at 1-800-332-2733.**

**IMPORTANT INFORMATION IF YOU ARE INCARCERATED:**

- **If your release date is within 12 months:** You must complete and return the enclosed Complaint for Modification to DOR at the address below. DOR will not schedule a hearing at this time, but will file your Complaint for Modification with the court and serve the other parent with a copy (provide the other parent with legal notice). When you are no longer incarcerated (or up to 60 days before your release), please call our Customer Service Bureau. At that time, DOR will request the court to schedule a hearing and will notify you and the other parent of the date and time of the court hearing. Pursuant to Massachusetts law, if the court modifies your child support order, it can make the effective date of the modified order the date that the other parent was served with a copy of the complaint or any appropriate date since then (i.e., the court can make the modified order effective on the date that the other parent was served even though the order was not actually modified until the date of the court hearing.)
- **If your release date is 12 months or more from now:** Please call our Customer Service Bureau to request the package of materials for long-term incarcerated noncustodial parents who want to request modification of their child support orders.

For more information about child support enforcement, or the Massachusetts Child Support Guidelines, visit our website at [www.mass.gov/dor](http://www.mass.gov/dor) to use our on-line Child Support Guidelines calculation tool. Thank you.

Massachusetts Department of Revenue  
Child Support Enforcement Division  
P.O. Box 7057  
Boston, MA 02204  
Attn: Modification Package

**IMPORTANTE: POR FAVOR HAGA TRADUCIR ESTE DOCUMENTO INMEDIATAMENTE**